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U.S.PTO

UTILITY PATENT APPLICATION TRANSMITTAL

(for nonprovisional applications under 37 C.F.R. § 1.53(b))

Attorney Docket No.

CRNC.110414

Express Mail No.

EV369937523US

TO: Mail Stop Patent Application
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

PLEASE ASSOCIATE APPLICATION WITH

CUSTOMER NO. 05251Inventor(s): SAUS, Douglas Michael, VANTZANT, Carrie Jeanne;
WEBB, Russell, and WINKEL, Kevin JohnTitle: SYSTEM AND METHOD FOR PREEMPTIVE
DETERMINATION OF THE POTENTIAL FOR AN ATYPICAL
CLINICAL EVENT RELATED TO THE ADMINISTERING OF
MEDICATION17548 U.S.PTO
10/748046123003


Enclosed are:

<input type="checkbox"/>	Non-Publication Request Under 35 U.S.C. § 122(b)(2)(B)(i)				
41	pages of specification including abstract				
7	sheet(s) of drawings				
<input type="checkbox"/>	an assignment of the invention to:				
<input checked="" type="checkbox"/>	Declaration of Inventor(s):	<input type="checkbox"/>	Newly executed	<input type="checkbox"/>	Copied from a prior application (for contin/div)
<input type="checkbox"/>	Incorporation by Reference: the entire disclosure of the prior application, from which the copy or copies of the oath or declaration is supplied, is considered to be part of the disclosure of the accompanying application and is hereby incorporated by reference therein.				
<input type="checkbox"/>	small entity status is claimed.				
<input type="checkbox"/>	small entity status was requested in prior application; status still proper and desired.				
<input type="checkbox"/>	Information Disclosure Statement/PTO-1449/Copies of IDS citations.				
<input type="checkbox"/>	Benefit is claimed under 35 U.S.C. 119(e) of U.S. Provisional Application No. _____.				
<input type="checkbox"/>	Other: _____				

If a Continuing Application: Check appropriate box, and supply the requisite information below:

<input type="checkbox"/> Continuation	<input type="checkbox"/> Divisional	<input type="checkbox"/> Continuation-in-Part (CIP)	of prior application no. _____
Prior application information:		Examiner: _____	Group Art Unit: _____

CLAIMS AS FILED

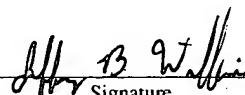
	NUMBER FILED	NUMBER EXTRA	RATE	FEE
BASIC FEE			\$ 770	\$ 770
TOTAL CLAIMS	73 - 20 =	53	X \$ 18	\$ 954
INDEPENDENT CLAIMS	7 - 3 =	4	X \$ 86	\$ 344
MULTIPLE DEPENDENT CLAIM PRESENT			\$ 290	\$
* Number extra must be zero or larger			TOTAL	\$ 2068
	If applicant has small entity status under 37 CFR 1.9 and 1.27, then divide total fee by 2, and enter amount here.			SMALL ENTITY TOTAL

<input type="checkbox"/>	Assignment recordal fee enclosed	\$	
		TOTAL DUE	\$ 2068

<input checked="" type="checkbox"/>	A check in the amount of \$ 2068.00 to cover the filing fee is enclosed.
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<input checked="" type="checkbox"/>	Commissioner is hereby authorized to charge/credit Deposit Acct. No. 19-2112 as described below. Enclosed is a duplicate of this sheet.
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<input type="checkbox"/>	Charge the amount of \$ _____ as filing fee.
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<input checked="" type="checkbox"/>	Charge any additional filing fees required under 37 CFR 1.16 and 1.17.



12-30-03

Date

Name: Jeffrey B. Williams, Reg. No.: 43,269